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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/812,962	03/31/2004	Seiichiro Sasaki	OKI 417	4886

TITLE OF INVENTION: MULTILAYERED POWER SUPPLY LINE FOR SEMICONDUCTOR INTEGRATED CIRCUIT AND LAYOUT METHOD

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APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	10/22/2007
EXAM	MINER	· ART UNIT	CLASS-SUBCLASS	]. 10/01/2007	AWONDAF2 00000109 1	.0812962
SEMENEN	KO, YURIY	2841	361-794000	01 FC:1501 02 FC:1504		1490.00 OP
1. Change of correspondence address or indication of "Fee Address" (37		2. For printing on the p	atent front page, 4:4001	Pahin	& Berdo, PC	
CFR 1.363).  Change of correspondence address (or Change of Correspondence		(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,				
Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			registered attorney or a	e firm (having as a memb agent) and the names of u meys or agents. If no nam printed.	n to	
3. ASSIGNEE NAME A	AND RESIDENCE DAT	A TO BE PRINTED ON	THE PATENT (print or type	pe)		
PLEASE NOTE: Un recordation as set for	lless an assignee is ident th in 37 CFR 3.11. Com	ified below, no assignee pletion of this form is NO	data will appear on the pa T a substitute for filing an	atent. If an assignee is ic assignment.	dentified below, the doc	ument has been filed for
(A) NAME OF ASSI			(B) RESIDENCE: (CITY			
Oki Electric Industry Co., Ltd.		Tol	kyo, Japan			
Please check the appropr	riate assignee category of	categories (will not be p	rinted on the patent):	Individual 🔀 Corporat	ion or other private grou	p entity Government
	are submitted:  No small entity discount # of Copies	permitted)	b. Payment of Fee(s): (Plea A check is enclosed.  A payment by credit can  The Director is hereby overpayment, to Depo	d. Form PTO-2038 is atta	ached.	·

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4a. The following fee(s) are submitted:	4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  ☐ A check is enclosed.  ☐ Payment by credit card. Form PTO-2038 is attached.  ☐ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 18-0002 (enclose an extra copy of this form).
5. Change in Entity Status (from status indicated above)  a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.	b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).
	pted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in ark Office.
Authorized Signature ACCH BUSI	Date September 28, 2007

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38.075

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